



*IPW*

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/632,430	
	Filing Date	July 31, 2003	
	First Named Inventor.	Kelly	
	Art Unit	1711	
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	HUL-003

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, <del>Revocation</del> <u>Change of Correspondence Address</u>	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Ronald D. Trice		
Signature	<i>Ronald D. Trice</i>		
Printed name	Ronald D. Trice		
Date	1/15/05	Reg. No.	40,435

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I hereby certify that this correspondence is being facsimile-transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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Typed or printed name	Ronald D. Trice	Date	1/15/05

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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY  
and  
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INDICATION FORM**

Application Number	10/632,430
Filing Date	July 31, 2003
First Named Inventor	Stephen M. Kelly
Title	POLYMER NETWORKS, METHODS OF ...
Art Unit	1711
Examiner Name	
Attorney Docket Number	HUL-003

I hereby appoint:

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Name	Registration Number
Ronald D. Trice	40,435

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<input checked="" type="checkbox"/> Firm or Individual Name	Ronald D. Trice				
Address	2101 Crystal Plaza Arcade, PMB 138				
Address					
City	Arlington	State	VA	Zip	22202-4600
Country					
Telephone	703 271 9559	Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

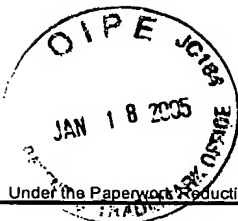
Name	Matthew P. Aldred				
Signature	M.P. Aldred				
Date	22nd October 2004	Telephone			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 4 forms are submitted.

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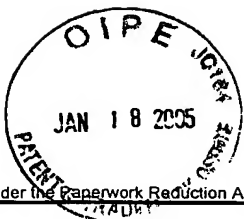
Name	Stephen M. Kelly		
Signature	<i>Stephen M. Kelly</i>		
Date	22 <sup>nd</sup> October 2004	Telephone	

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Country					
Telephone	703 271 9559	Fax			

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Mary O'Neill				
Signature					
Date	22 October 2004	Telephone			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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**SIGNATURE of Applicant or Assignee of Record**

Name	Pano Vlachos				
Signature	<i>P. Vlachos</i>				
Date	22 <sup>nd</sup> October 2004	Telephone			

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